STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	010234	A. BUILDING _____ B. WING _____	C 02/08/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PLACE AT WILLOW LAKE LLC	2725 LAKE CIRCLE DR INDIANAPOLIS, IN 46268

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00101689. Complaint IN00101689 - Substantiated. No deficiencies related to the allegations are cited. Survey date: February 8, 2012 Facility number: 010234 Provider number: 010234 AIM number: N/A Survey team: Chuck Stevenson RN Census bed type: Residential: 64 Total: 64 Census payor type: Other: 64 Total: 64 Sample: N/A Brookdale Place at Willow Lake was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00101689. Quality review completed 2/9/12 by Jennie Bartelt, RN.	R 000		